

## Cardiology doses

هذه الجرعات هي الجرعات الأهم في الكارديولوجي و لازم تتثبت في الامتحان بحظ واضح  
و كبير وجوه مستطيل

### 1- tit of hyperlipidemia

ممكنها بنسبة 100 % في الامتحان

Statins : 20 - 80 mg / d SI : myositis

Fenofibrate : 300 mg / d

Omega 3 ( fish oil )

### 2- Digitalis in tit of HF : P 12

- Digitalization ( to reach optimum therapeutic level )

2 tab daily for 5 days ( oral )

- Maintenance dose : 0.5 - 1 tab daily ( oral )

### 3- Nitrates in tit of Angina : P 53

- Nitroglycerine ( nitromac ) : 2.5 mg twice daily orally or transdermal patches

- Isosorbid dinitrate ( dinitra ) : 10 - 20 mg twice daily

- Isosorbid mononitrate ( effox ) : 20 - 40 mg twice daily

tit of anginal attack :

Nitroglycerine ( 0.5 mg ) or isosorbid dinitrate ( 5mg ) sublingually &  
repeated up to 3 times with interval of 3 minutes

### 4- Myocardial infarction :

Streptokinase : 15 million units IV over 60 min

### 5- tit of Infective endocarditis : P 73 - 74

### 6- Systemic hypertension :

Na nitroprusside : 0.5 - 2 µg / kg /min infusion

### 7- Pulmonary embolism :

Doses of anticoagulants : P 105 , 106

## Endocrine doses

### 1- DM :

- Dose of insulin : P 80
- BKA : P 75 don't forget the doses of the following
- i- Short acting insulin : 8 - 10 U / hour infusion  
When blood glucose < 250 mg/dl reduce insulin to 2 - 4 U / hour
- ii- Fluid therapy : 6 - 8 L is usually required  
At first saline is given , then change to glucose 5 % when blood glucose < 250 mg/dl
- iii- K therapy : add 30 - 40 m eq to each 1 L of fluid

### 2- SRG :

Causling : Suppression test by dexamethazone

- Small dose : 0.5 mg / 6h for 2 days
- Large dose : 2 mg / 6h for 2 days

#### Addison

- Cortisone : 7.5 mg / d
- Fluocortisone : 0.1 - 0.2 mg/d

Addisonian crisis : Hydrocortisone : 50 mg / 6h

NB : Dexamethasone 2mg IV is indicated before or during ACTH test because it will not interfere with plasma cortisol assay

### 3- Thyroid :

#### - Antithyroid drugs :

- Methyl thyouracil : 200 mg tds then reduce after 2 months to 100 mg tds for 2 years
- Propyl thyouracil : 100 mg tds then reduce after 2 months to 50 mg tds for 2 years
- Carbimazole : 20 mg tds then reduce after 2 months to 10 mg tds for 2 years

#### Thyrotoxic crisis :

- ◊ Propyl thyouracil : 200 mg : 4 h orally , rectally or neogastine
- ◊ Propranolol : in full dose ( 1mg : 5 min IV then 100 mg / 6h orally )

Hypothyroidism : L thyroxin : start with 50 µg/d & gradually up to 100 - 200 µg / d orally

Myxedema coma : Thyroxine 250 µg IV

## Liver doses

### 1- Chronic hepatitis :

- **Interferon :** in tit of chronic active viral hepatitis P 42

HBV : 5 million units SC 3 times / week for at least 3 months

HCV : 3 million units SC 3 times / week for at least 6 - 12 months

Interferon long acting (Peg- intron) : SC may be used only once a week

### Monitoring :

1- PCR :

If no response after 3 months : stop the drug

2- CBC

Stop the drug if WBCs < 3000 or platelets < 100000 /cmm

3- The patient must be monitored carefully for side effects including

flu-like symptoms, depression, BM depression.

NB : Ribavirin , Levamisole may be added to interferon

### - Dose of cortisone in tit of autoimmune hepatitis :

1<sup>st</sup> week : 30 mg/d then maintenance dose : 15 mg/d for 6 months - 3 years

- If full remission : withdraw the drug slowly

- If no remission : continue maintenance & azathioprine 50 - 100 mg/d may be added

### 2- tit of ascites in hepatic patients : don't forget the dose of

- Spironolactone : in full dose 100 - 400 mg day

- Fosix : 40 mg/d ( one tab / day )

### 3- Vasopressin in tit of acute attack of esophageal varices :

20 unit in 200 ml glucose 5% over 20 minutes